State of Utah
Office of Child Care
Department of Workforce Services

Request for Grant (RFG)
Fiscal Year 2006
(July 1, 2005 Through June 30, 2006)
Revised September, 2005

Quality Improvement Grants
for
Licensed Family Child Care Programs

Contents

Child Care Quality Improvement Grants
Request for Grant

Part 1: General Grant Information

A. Purpose & Application Periods

The Department of Workforce Services, Office of Child Care (OCC) is soliciting proposals to improve the quality of child care services in currently operating licensed family child care programs. Grants will be available statewide. Grant funding depends upon availability of the federal Child Care Development Fund to the Department of Workforce Services.

Programs may request funding to eliminate health or safety hazards, to increase the level of training for caregivers, or to purchase equipment and materials. The Department of Workforce Services will receive proposals **only** during these time periods in this fiscal year:

1. Between **8:00 am November 8th** and **3:00 pm Tuesday, November 22nd** 2005 for Fall awards.
2. Between **8:00 am March 7th** and **3:00 pm Tuesday, March 21st** 2006 for Spring awards.

To submit your application, **mail or hand deliver one (1) original and three (3) complete copies of the application** to Sharrif Dajany, Department of Workforce Services, Procurements and Contracts, 140 East 300 South, Salt Lake City, Utah, 84111. Applications **must** be received and electronically date/time stamped by 3:00 pm on the final date of the grant application period. Faxed applications will **not** be accepted. **Applications received before the opening date or after 3:00 pm on the closing date of each application period will not be accepted and will be returned to the applicant.** Only one quality improvement grant application per program will be accepted during each application period.

Questions regarding the application process should be addressed to the Office of Child Care at 801-526-4340 or toll free 1-800-622-7390. To obtain additional application forms contact the Office of Child Care, or visit the Office of Child Care website at jobs.utah.gov/occ. Applications may also be picked up at the Office of Child Care, Department of Workforce Services, 140 East 300 South, Salt Lake City, Utah.

Costs incurred in the preparation and submission of proposals are the sole responsibility of the individual, organization, or agency submitting the application and will not be reimbursed. Copies of accepted proposals become property of the State of Utah and will not be returned.

B. Eligibility Requirements and Restrictions

In order to be eligible to apply for a grant, programs must meet the following requirements:

1. **Program Type.** Eligible programs must provide child care to non-related children between the ages of 4 weeks and 13 years on a regular basis over a sustained period of time, in lieu of care that a parent would provide in their home. (Not all ages need to be served in every program.) Programs must remain open from at least 8:00 am until 5:30

p.m., Monday through Friday, to serve the needs of working parents.

2. **License Status.** Programs must have a family or family group child care license from the Department of Health, and must have been licensed for 1 year before they can apply. The provider may not have had their license placed on conditional status within the past 12 months. (Not including 30 day conditional status licenses issued for failure to submit renewal paperwork before the deadline.) Residentially certified child care programs are not eligible for this grant.

3. **On-site Observation.** In order to apply for a grant, the applicant must first have an on-site observation completed by a Quality Improvement Consultant from a local Child Care Resource and Referral Agency (CCR&R) The Consultant will make recommendations for quality improvements based on the observation. The on-site observation must have been completed within one year of the grant application deadline. Observations older than one year of the grant application deadline cannot be used. To schedule an observation, contact your local CCR&R Agency listed in Appendix A of this RFG.

4. **Frequency.** Programs are eligible to receive a quality improvement grant once every two years. Once a program has received a quality improvement grant, they may apply again two years from the start date of their most recent quality improvement grant.

5. **Non-discrimination.** Applicants must not discriminate against children, families or staff based on race, religion, sex, age, national origin, or disability.

6. **CCR&R.** Applicants must be registered with the Child Care Resource and Referral Agency (CCR&R) in their area.

7. **Laws and Regulations.** Applicants must be able to meet all applicable state and federal laws and regulations, including the Federal Office of Management & Budget (OMB) circulars for services.

8. **Trampolines.** Because trampolines pose a serious safety hazard to children, if the program has a trampoline it must either be removed or be inaccessible to the children in child care. If your program has a trampoline, your *Plan of Action Forms* must include the steps you will take to remove the trampoline or make it inaccessible to the children in your child care program.

C. Funding

1. **Amount.** Licensed family child care programs may receive up to $600.00. Licensed family group child care programs may receive up to $1,000.00.

2. **Matching Funds.** Applicants must provide a 10% match for this grant. For example, if you are requesting $600.00 in grant funds, your required match would be $60.00. Match funds are funds you will add to grant funds to make your proposed quality improvements. **Matching funds cannot include any other grants or funding that the applicant receives from the Department of Workforce Services (or the Office of Child Care).** The matching funds may be cash or "in-kind". In-kind refers to the dollar value of donated

materials, supplies, volunteer time, etc. You will be asked to provide receipts for your matching funds.

D. Allowable Expenses

The following restrictions govern the expenditure of quality improvement grant funds:

1. **Purchase Dates.** Purchases to be paid for by the grant **cannot** be made until **after** the grantee has received a completed grant agreement signed by both parties. **Grant funds may not be used to reimburse programs for expenditures made prior to their receiving a completed, signed grant agreement.**

2. **New Equipment.** Only new equipment and materials may be purchased with grant funds. **Grant funds may not be used to purchase used or second-hand equipment or materials.** All equipment and materials purchased with grant funds should be designed for use in group child care settings.

3. **Minor Improvements to Facilities.** Grant funds may be used for minor improvements to facilities **only** if the improvement is required to bring the facility into compliance with state child care licensing rules, including the elimination of serious health and safety problems.

4. **Staff Wages.** Grant funds may be used to pay caregiver wages **only** while staff are attending training related to the grant. Grant funds may **not** be used for any other caregiver wages.

5. **Training Fees.** Grant funds may be used for training fees for courses offered through the statewide Child Care Resource & Referral network, colleges and universities, and professional association trainings.   Grant funds may **not** be used to cover the costs of in-service training, but such costs may be counted toward the provider's required matching funds. Grant funds may **not** be used for any out-of-state training or travel expenses.

6. **Electronic Equipment.** Grant funds may not be used to purchase televisions, VCRs, DVD players, or computers.

E. Funding Priorities

Priority for grant funding will be given to those programs who do not have sources of funding other than parent fees and the Child and Adult Care Food Program, and who have not previously received a quality improvement grant.

1. **Programs with Outside Funding Sources.** If a program has received outside funding in the current calendar year (as indicated on page 2 of the Application Cover Sheet) totaling 30% or more of their total budget for the current year, it will not be funded for a quality improvement grant unless there is money left over in the grant round after all applicants who did **not** receive outside funding totaling 30% or more of their total budget for the current year (and who meet minimum scoring requirements) have been funded. See page 14 of this RFG for information on minimum scoring requirements.

If funds are left over in any grant round after all applicants who do not have outside funding sources (and who meet minimum scoring requirements) have been funded, applicants who receive outside funding will be funded, provided they meet the minimum scoring requirements. Such funding will begin with those applicants who receive the least percentage of their total operating budget from outside funding sources, and will progress as percentages of outside funding increase.

2. **Previous Quality Improvement Grantees.** Programs will not be eligible to receive a repeat (second, third, etc.) quality improvement grant until all other qualified applicants in the submittal pool have received at least 1 quality improvement grant. If funding is left over in any grant round after all applicants who have not previously received a quality improvement grant (and who meet minimum grant scoring requirements) have been funded, programs who have previously received a grant may be funded, provided they meet the minimum scoring requirements. See page 14 of this RFG for information on minimum scoring requirements.

    Applicants will be funded for repeat grants starting with those who have received the fewest previous quality improvement grants. Among applicants who have received the same number of previous grants, priority will be given to those applicants who have waited the longest since receiving their most recent quality improvement grant.

    This criteria will be applied first to the pool of applicants who do not receive 30% or more of their annual budget from outside sources of funding, as explained in item #1 above. If there are funds left in the grant round after this criteria has been applied to that pool, it will then be applied to the pool of applicants who do receive 30% or more of their annual budget through outside sources of funding.

3. **Proposal Scores.** Within the criteria outlined in items #1 and #2 above, each pool of applicants will be funded from highest score to lowest score. For example, among those applicants who do not receive 30% or more of their annual budget from outside sources, **and** who have not received a previous quality improvement grant, applications will be funded in the order of their scores, starting with the highest score. Only those proposals who score 70 points or higher will be considered for funding.

4. **Tied Scores.** If qualifying grant applications receive tied scores, prior participation in the Career Ladder Program will be used to break the tie, starting with those programs who have the highest percentage of staff participation in the Career Ladder.

F. Completion Requirements for Awarded Grants

Programs who receive a quality improvement grant must fulfill the following requirements:

1. **Receipts.** Funded programs must spend their grant funds and return receipts for all equipment and material purchases to the Office of Child Care within three months of receiving their grant funds. Receipts for training courses and staff wages for training time must be submitted within 12 months of the grant start date.

2. **Follow-Up Observation.** Programs must have a follow-up grant observation by their

CCR&R Quality Improvement Consultant between 8 and 12 months of their grant start date. Programs must submit copies of their follow-up observation forms to the Office of Child Care within 12 months of their grant start date.

3. **Statistical Information.** The Office of Child Care may require statistics and program information from grantees.

4. **Site Visits.** Staff from the Office of Child Care shall have access to grantees programs for site visits.

5. **Failure to Meet Grant Completion Requirements.** Applicants who fail to perform under the terms and conditions of a grant administered by the Office of Child Care may be ineligible for future Office of Child Care grants, as stipulated in the signed Grant Contract.

Part 2: Grant Application Instructions

A. Steps to Applying for a Quality Improvement Grant

1. **Pre-Grant Observation.** Contact your local CCR&R Agency listed in Appendix A of this RFG to schedule a pre-grant observation. Your CCR&R Quality Improvement Consultant will schedule your observation and send you information about how to prepare for your observation. Your on-site observation must have been completed within one year of the grant application deadline you are applying for. Observations older than one year of the grant application deadline cannot be used.

2. **Observation Feedback Visit.** Within two weeks following your pre-grant observation visit, your Quality Improvement Consultant will return with written feedback and quality improvement recommendations.

3. **Grant Application Forms.** Using the quality improvement recommendations you receive from your CCR&R Consultant, complete the grant forms as outlined in item B below.

4. **Application Submission.** Submit your completed grant application during one of the grant submission periods listed on page 1 of this RFG. To submit your application, **mail or hand deliver one (1) original and three (3) complete copies of the application** to Sharrif Dajany, Department of Workforce Services, Procurements and Contracts, 140 East 300 South, Salt Lake City, Utah, 84111. Applications **must** be received and electronically date/time stamped by 3:00 pm on the final date of the grant application period. Faxed applications will **not** be accepted. **Applications received before the opening date or after 3:00 pm on the closing date of each application period will not be accepted and will be returned to the applicant.**

5. **Questions.** Questions regarding the application process should be addressed to the Office of Child Care at 801-526-4340 or toll free 1-800-622-7390.

B. Instructions for Completing the Grant Forms

Be sure to carefully follow the instructions below when preparing your grant application.

Applications may be hand written or type written. If hand written, you must **print neatly, clearly and legibly.** If type written, you must use a 12 point font. Your application must be submitted in a folder with fasteners, to prevent pages from separating.

1. **Order of Pages.** The pages in your grant application **must** follow this order:

    a. *Application Cover Sheet*, Page 1.

    b. *Application Cover Sheet*, Page 2.

    c. *Grant Submission Checklist*.

    d. A copy of your current *child care license* from the Department of Health.

e. *Observation Form* pages.

f. CCR&R *Consultant Recommendations Forms*. You must include **all** recommendation forms you received from your Consultant, even if you are not addressing the recommendations in some of them.

g. *Plan of Action Forms*. Your *Plan of Action* forms will either be printed on the back side of your *Consultant Recommendations Forms* (for newer observations), or you will use the *Plan of Action Form* found in the "Grant Forms" section of this document (for older observations that don't have a *Plan of Action Form* printed on the back side of the *Consultant Recommendations*).

h. *Training Plan of Action Form.*

i. *Grant Budget Form.*

j. *Career Ladder certificates* (if applicable).

2. **Completing Application Forms.** Please follow these instructions carefully when filling out your grant forms.

   a. *Application Cover Sheet.* Fill out all information and answer all questions on pages 1 and 2 of the Application Cover Sheet. **Be sure to sign page 2 of the *Cover Sheet*.**

   b. *Plan of Action Forms.* Complete one *Plan of Action Form* for each observation item that you intend to raise your mark on. See **Part 3: Scoring of Grant Proposals** on page 11 of this RFG for information about how your *Plan of Action Forms* will be evaluated and scored by the grant review committee.

   Instruction for completing the specific items on each *Plan of Action Form* are as follows:

   i. **Item #:** List the observation item number from your *Consultant Recommendations Form* for the recommendation(s) you will address in this *Plan of Action Form*.

   ii. **Current Mark:** Write the current mark ("P" for Partially Met, or "N" for Not Met) given by your Consultant for the NAFCC observation item you are addressing in this *Plan of Action Form*. The current mark can be found on your *Observation Form*.

   iii. **Target Mark:** Write the mark you hope to reach ("P" for Partially Met, or "F" for Fully Met) by making the improvements specified in this *Plan of Action Form*.

   iv. **Caregiver Behavior Changes Table.** Many of the grant observation items look at the actions of caregivers and what caregivers say to children. Behavior changes are changes in a caregiver's actions or words. For example, engaging in

more one-on-one conversations with children, not showing favoritism to children, using more positive guidance techniques, etc.

Column 1: In this column, list any behavior changes you will make in response to the Consultant recommendations for this item. If you will not be making any behavior changes for this item, leave this table blank.

Column 2: It takes practice over time for caregivers to successfully implement behavior changes. In this column, explain how you will monitor and assess the successful implementation of your behavior changes. Examples of ways to monitor and assess the success of behavior changes include: charting new behaviors until they become a habit, video or audio taping yourself so you can assess your progress, etc.

Column 3: In this column, give the date by which you will have successfully implemented your proposed behavior changes.

v. **Environment/Daily Schedule Changes Table.**

Column 1: In this column, list any changes you will make to your environment or daily schedule in response to the Consultant recommendations for this item. If you will not be making any changes to your environment or daily schedule for this item, leave this table blank.

Column 2: In this column, explain how you will monitor and assess the successful completion of your changes to the environment or daily schedule. Examples of ways to monitor and assess the success of changes include: posting reminders at strategic places in your program, making a written schedule for the rotation of toys in activity areas, etc.

Column 3: In this column, give the date by which you will have successfully implemented your proposed environment/daily schedule changes.

vi. **Purchases Table.** Use this table to list any purchases you will make with grant funds and/or matching funds related to this item.

Column 1: List the specific individual item(s) you would like to purchase.

Column 2: Give the name of the store or catalog (vendor) you plan to purchase each item from.

Column 3: List the amount of grant funds you are requesting to purchase each item.

Column 4: List the amount, if any, of matching funds you will contribute to the purchase of each item. You do not need to list a match amount for each item. However, you must make sure that when you total all of your proposed purchases on your *Grant Budget Form*, the total in the matching funds column is at least 10% of the total dollar amount of grant funds you are requesting.

Column 5: List the total cost of the item, including both requested grant

funds and any matching funds.

You should choose your purchase requests and vendors carefully, because **you will not be allowed to spend grant funds for any purchases not specifically listed in your grant application, and you must purchase all items from the vendors you have listed.** Do **not** list items you may end up purchasing before receiving a grant, because grant funds **cannot** be used to reimburse any pre-grant purchases.

If you are re-submitting a previously denied grant application, **you must make sure that all of the items you propose to purchase are still available, and from the same vendors, before you submit your application.**

When you have completed each of your individual *Plan of Action Forms*, you will need to list and total all of your proposed purchases on the *Grant Budget Form*.

c. ***Training Plan of Action Form*.** On this page, you will provide information about the training you will attend as part of your quality improvement grant. If there is more than one paid caregiver in your program, complete a separate page for each caregiver. If your Consultant did not recommend training, you do not have to complete this form, unless you choose to.

To complete this form:
- Fill in your name and address, the ages of children you serve, and the number of paid caregivers in your program.
- Training Table. In this table you will give information about any courses/ trainings that you will attend in response to the recommendations from your Consultant. Make additional copies of this form if you will attend more than four different training courses. **You must complete every column in this table, including:**

Column 1:	The training class name or topic, and your learning goals (what you hope to learn by attending this training).
Column 2:	The type of training (for example, CCR&R training, inservice training, college courses, provider association trainings, etc.).
Column 3:	The total number of hours in the training.
Column 4:	The cost (registration/enrollment fees) for the training.
Column 5:	The date by which the training will be completed. (For CCR&R course dates, check with your local CCR&R.)

Choose carefully which training you propose in your grant application. Check with the CCR&R or other training sources to make sure the training you propose will be available during the grant period**. If you receive a grant, you <u>must</u> complete all of the training you committed to in your grant application, or you may be ineligible for future grants.**

If you complete any of the recommended training **after** your pre-grant observation but

before you submit your grant application, be sure to make note of this in your *Training Plan of Action*, and attach documentation of course completion certificates, in order to receive credit for the training.

d. ***Quality Improvement Grant Budget Form(s).*** On the *Budget Form* list all of your proposed grant purchases from each of your *Plan of Action Forms*. Include any allowable training costs you are requesting grant funds for. List the purchases in the same order as they appear in your *Plan of Action Forms*. Use more than one *Grant Budget Form* if one does not have enough room for all of your purchases.

At the bottom of your final *Grant Budget Form* page, total all of your proposed purchases, including totals for grant funds requested and matching funds. Make sure your proposed matching funds are equal to at least 10% of the total grant funds you are requesting.

Part 3: Scoring of Grant Proposals

Applications will be evaluated by qualified review committees consisting of individuals from Child Care Resource and Referral (CCR&R) Agencies, the Office of Child Care, and the Bureau of Child Care Licensing. Evaluations will be based on the criteria listed in this RFG. The review committees may request additional technical assistance from other sources when evaluating applications. During the evaluation phase, the Department of Workforce Services Contract Analyst shall reserve the right to enter into discussion with qualified applicants.

The review committee will use the information below in scoring grant applications. For additional information on how your application will be scored, including how pre-grant observations conducted prior to 20 September 2005 will be scored, see the *Grant Review Score Sheet* in the Grant Forms section of this document.

A. Completeness, Neatness, and Overall Presentation. (5 points possible.)

This item will be scored based on the following criteria:
1. All of the required pages, forms, and documentation are included in the application.
2. All of the grant forms are filled out completely, and **none of the grant forms have been altered by the applicant.**
3. All of the pages are in the correct order, as explained on pages 6-7 of this RFG.
4. The application is neat and legible.
5. The application is in a folder or binder with fasteners, so that there are no loose pages.

B. Health and Safety Recommendations. (15 points possible, N/A if no recommendations are made.)

Up to 15 points will be awarded based on how well the proposal addresses health and safety recommendations made by the Consultant.

C. Training. (20 points possible, N/A if no recommendations are made.)

1. **Training Attendance.** (10 points possible.) Up to 10 points will be awarded for attendance at training recommended by the Consultant.

   a. **For Older Pre-Grant Observations (completed before 9/20/05):** If all caregivers for whom training was recommended committed to completing the recommended hours of training, up to a maximum of 20 hours of training per caregiver, the full 10 points will be awarded. If not from 0 to 9 points will be awarded.

   b. **For Newer Pre-Grant Observations (completed after 9/20/05):** Each 10 hours of training recommended for each caregiver will count as one training recommendation. For example, if the Consultant recommends that one caregiver take two 10 hour courses, that would count as two training recommendations. No more than a total of 20 hours of training will be recommended for any individual caregiver. Reviewers will determine the points to be awarded for training attendance by calculating the percentage of recommended training that the provider(s) will complete.

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1% – 25% = 1 point
26% – 50% = 4 points
51% – 75% = 7 points
76% – 100% = 10 points

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If you complete any of the recommended training **after** your pre-grant observation but **before** you submit your grant application, be sure to make note of this in your *Training Plan of Action*, and attach documentation of course completion certificates, in order to receive credit for the training.

2. **Training Appropriateness.** (10 points possible.) If the applicant chooses to meet the training recommendations with training other than that recommended by the Consultant, the applicant will receive up to 10 points based on how well the proposed alternative training addresses the item that training was recommended for.

If the Consultant recommends a specific training course and the applicant will be taking the specific course(s) recommended by the Consultant, the full 10 points will be awarded.

D. Caregiver Behavior Changes. (20 points possible, N/A if no recommendations are made.)

1. **Completeness.** (8 points possible.) Up to 8 points will be awarded based on how many of the Consultant's recommendations for caregiver behavior changes have been addressed in the applicant's proposal.

   a. **For Older Pre-Grant Observations (completed before 9/20/05):** If a reasonable number of caregiver behavior change recommendations have been addressed in the grant proposal, the full 8 points will be given. If not, from 0 to 7 points will be given.

   a. **For Newer Pre-Grant Observations (completed after 9/20/05):** Reviewers will calculate the points to be awarded for completeness by calculating the percentage of recommended caregiver behavior changes the program will implement.
   1% – 25% = 2 points
   26% – 50% = 4 points
   51% – 75% = 6 points
   76% – 100% = 8 points

2. **Effectiveness and Reasonableness.** (8 points possible.) Applications will receive up to 8 points based on how well the proposed caregiver behavior changes address the issue(s) identified in the Consultant's recommendations, and how reasonable and realistic the proposed changes are.

3. **Monitoring/Assessment Plan.** (4 points possible.) Applications will receive from zero to 4 points based on the effectiveness their proposed plan to monitor and/or assess the successful implementation of caregiver behavior changes. For more information on possible ways to monitor and assess the implementation of caregiver behavior changes, see item # iv on pages 7-8 of this RFG.

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E. Environment/Daily Schedule Changes. (15 points possible, N/A if no recommendations are made.)

1. **Completeness.** (5 points possible.) Up to 5 points will be awarded based on how many of the Consultant's recommendations for environment/daily schedule changes have been addressed in the applicant's proposal.

   a. **For Older Pre-Grant Observations (completed before 9/20/05):** If a reasonable number of environment/daily schedule change recommendations have been addressed in the grant proposal, the full 5 points will be given. If not, from 0 to 4 points will be given.

   a. **For Newer Pre-Grant Observations (completed after 9/20/05):** Reviewers will calculate the points to be awarded for completeness by calculating the percentage of recommended environment/daily schedule changes the program will implement.
      1% – 20% = 1 point
      21% – 40% = 2 points
      41% – 60% = 3 points
      61% – 80% = 4 points
      81% – 100% = 5 points

2. **Effectiveness and Reasonableness.** (5 points possible.) Applications will receive up to 5 points based on how well the proposed environment/daily changes address the issue(s) identified in the Consultant's recommendations, and how reasonable and realistic the proposed changes are.

3. **Monitoring/Assessment Plan.** (5 points possible.) Applications will receive up to 5 points based on the effectiveness of their proposed plan to monitor and/or assess the successful implementation of the environment/daily schedule changes. For more information on possible ways to monitor and assess the implementation of proposed environment/daily schedule changes, see item # v on page 8 of this RFG.

F. Grant Purchases. (20 total points possible.)

1. **Addressing Recommendations.** (5 points possible.) Applications will be awarded up to 5 points based on how well the proposed purchases address the Consultant's recommendations.

2. **Age-appropriateness.** (5 points possible.) Applications will be awarded up to 5 points based on the age-appropriateness of the items they propose to purchase.

3. **Safety.** (5 points possible.) Applications will be awarded up to 5 points based on whether or not the items they propose to purchase are free of potential safety problems. (For example, purchasing small objects that pose a choking hazard for use by infants, toddlers, or 2-year-olds, or purchasing a climbing structure too tall for the ages of children who will use it.)

4. **Quality & Cost.** (5 points possible.) Applications will be awarded up to 5 points based

on the quality (sturdiness, durability) of the items the provider plans to purchase, and how reasonable the proposed cost is.

G. Grant Budget Form. (5 points possible.)

Applications will be awarded up to 5 points, based on whether or not the *Grant Budget Form(s)* are completely filled out, include all proposed expenditures from all of the *Plan of Action* and *Training Plan of Action Forms*, and are correctly totaled. **Applications which do not include at least 10% of the total dollar amount requested in provider matching funds will not be funded.**

H. Final Score.

An application's final score will be arrived at by totaling the number of points received, and dividing it by the total number of points possible for the application. The total number of points possible for a proposal is determined by adding the total points possible for all sections for which Consultant recommendations were made.

For example, if the Consultant made recommendations in every area (health and safety recommendations, training recommendations, caregiver behavior change recommendations, environment/daily schedule recommendations, and purchase recommendations), the total points possible for the proposal would be 100.

If the Consultant made recommendations for every scored area except the environment/daily schedule, which is worth a total of 15 points, then the total points possible for the proposal would be 85 (100 minus 15).

I. Minimum Required Score

In order to be considered for funding, proposals must have a minimum final score of **at least 70.** Proposals that receive a total final score of less than 70 will not be considered for funding.

Grant Forms

1. Application Cover Sheet, Pages 1 & 2

2. Grant Submission Checklist

3. Pre-Grant Observation Form (sample only)

4. Consultant Recommendations Form (sample only)

5. Plan of Action Form

6. Training Plan of Action Form

7. Grant Budget Form

8. Grant Review Score Sheet

Grant forms may be photocopied or electronically scanned, but may not be altered in any way by the applicant.

Business Name: _____   Federal Tax ID #: _____
(As it appears on your child care license)

Owner's Name: _____   Contact Name: _____

Business Address: _____   City: _____

(Utah) Zip: _____   County: _____

Phone: (Business): _____   Fax: _____

Phone: (Contact Person): _____   E-mail: _____

Type of Organization (please check one):

_____ Individual / Sole Proprietor   _____ Private Corporation (includes LLC)

_____ Non-Profit Organization   Other (explain): _____
(Attach documentation of IRS non-profit status.)

License Type (please check one):

_____ Licensed Family Provider (up to 8 children)   _____ Licensed Family Group Provider (up to 16 children)

Total Amount of Funding Requested: $_____   Number of Completed Plan of Action Forms attached: _____

Number of unrelated children you care for: _____   Ages of children to be served with grant funds: _____

Has your child care license ever been placed on conditional status? (Not including 30 day conditional status issued for failure

to submit renewal paperwork before the deadline.) _____ YES   _____ NO

If yes, list the beginning and ending dates of your conditional status (within the past five years):

_____

Do you have any Career Ladder certifications? _____ YES   _____ NO   If yes, attach copies of all Career Ladder
certificates. These will be used in the event of a tie score.

Family Quality Improvement Grant Application Cover Sheet, Page 2

Is your program currently receiving any cash grants or any funding *other than* from parent fees and the Child Care Food

Program? _____ YES _____ NO

If yes, list all sources of additional funding below, from the largest amount to the smallest amount.

Examples of outside funding include federal or state funds, corporate or private funds, and charitable donations. Include all sources of funding *other than* parent fees and the Child Care Food Program. Parent fees include payments through the Payment to Parents / Subsidy Program. Do *not* list Payment to Parents payments here.

	Dollar Amount of Funding	Source of Funding	% of Your Total Current Year's Budget
1.			
2.			
3.			
4.			
5.			
Total Percentage of Outside Funding:			

Has your program received any Quality Improvement Grants from the Office of Child Care between July 2002 and the

present? _____ YES _____ NO

If yes, what month(s) and year(s) did you receive your previous Quality Improvement Grant(s)?

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

_____   _____   _____/_____/_____
Owner or Authorized Signature   Title   Date

Grant Submission Checklist

Complete this checklist to help ensure that your grant application is complete before you submit it. **Include this checklist in your grant application, immediately following your two-page Application Cover Sheet.**

_____ 1. The pages in your application are in the order listed on pages 6-7 of this RFG.

_____ 2. Both pages of the Application Cover Sheet have been completely filled out, and the second page is signed.

_____ 3. This completed Grant Submission Checklist immediately follows your two-page Grant Application Cover Sheet in your grant proposal.

_____ 4. A copy of your current child care license from the Department of Health is included.

_____ 5. Both pages of the On-Site Review Summary from your pre-grant observation are included, and your observation is dated within the past 12 months.

_____ 6. All Recommendation Forms given to you by your CCR&R Consultant are included (even if you are not addressing the recommendations in some of them).

_____ 7. Completed Plan of Action Forms for each Caregiver Behavior / Environment & Daily Schedule / Purchase Recommendation you address in your grant application are included.

_____ 8. Your completed Training Plan of Action Form is included.

_____ 9. Your Grant Budget Form(s) is included, and is correctly filled out and totaled.

_____ 10. Your Grant Budget Form(s) includes all of the proposed purchases from all of your Plan of Action Forms, including training costs. Purchases are listed in the same order as they appear on your Plan of Action Forms.

_____ 11. The total matching funds on your Grant Budget Form(s) equal at least 10% of the grant funds you are requesting, and do not include any funds from other Department of Workforce Services (or Office of Child Care) grants.

_____ 12. Your application includes any Career Ladder award certificates you have received.

_____ 13. Your application pages are in a binder with fasteners.

_____ 14. Your application is neat and legible.

_____ 15. You have prepared one complete grant application with your *original* (yellow) On-Site Review Summary and Consultant Recommendation Forms, and three complete copies of your grant application.

NAFCC Accreditation Readiness Observation
On - site Review Summary

Name and address of program: _____   F   FG

Consultant's name & agency: _____

Observation date and time: _____/_____/_____ from _____ am / pm to _____ am / pm

Caregiver(s) Observed_____

STANDARD	PART 1 RELATIONSHIPS	SCORE	R
1.20	The arrangement of space and use of materials are balanced to meet the needs of both the child care program and the provider's family.	F P N NA	
	PART 2 THE ENVIRONMENT		
2.2	The environment is arranged so that the provider seldom has to say "no" to the children. Children can use what they can reach most of the time.	F P N NA	
2.5	The child care space is well organized.	F P N NA	
2.9	The environment includes a comfortable and cozy place for children, as well as a place for quiet time alone.	F P N NA	
2.10	Each child has a space for personal belongings.	F P N NA	
2.18	All equipment, outdoors and indoors, is safe for the ability of the children who use it.	F P N NA	
2.20	The table and chairs used for meals and other table activities are comfortable for each child.	F P N NA	
2.26	There are enough toys and materials, homemade or purchased, to engage all the children in developmentally appropriate ways.	F P N NA	
2.31	Materials reflect the lives of the children enrolled and people diverse in race and ethnicity.	F P N NA	
	PART 3 THE ACTIVITIES		
3.2	Children direct their own free play for at least one-half hour at a time, totaling at least two hours during an eight-hour day. Free play may be indoors or outdoors. Several choices must be offered.	F P N NA	
3.3	Children are engaged in activities most of the time. Their faces often reflect concentration.	F P N NA	
3.6	The provider extends children's learning by describing what they are doing and asking them open-ended questions.	F P N NA	
3.14	Activities and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them.	F P N NA	
3.15	The provider greets children and parents warmly every day.	F P N NA	
3.17	The provider takes children outdoors every day, weather permitting. Active play is offered in another way if they do not go outside.	F P N NA	
3.18	Rest time is relaxing and comfortable for children. Non-sleepers can have books and quiet toys to play with during rest time.	F P N NA	
3.21	If children wear diapers, the provider checks diapers at least once every 2 hours and changes them if wet or soiled, except during naps.	F P N NA	
3.25	Positive guidance, appropriate for the developmental abilities of each child, is used to help children gain self-control and take responsibility for their own behavior.	F P N NA	
3.33	If children watch television or videos, the provider limits their viewing time to no more than one hour per day and one full-length movie per week. Alternate activities are always available during these times.	F P N NA	
	PART 4 DEVELOPMENTAL LEARNING GOALS		
4.7	Children seem to enjoy each other's company. Animated conversation and laughter are heard much of the time.	F P N NA	
4.9	The provider helps children resolve conflicts with each other by talking through their feelings and finding their own solutions.	F P N NA	
4.12	Children are learning about sharing, taking turns, and working together.	F P N NA	
4.24	Children have daily opportunities for large-motor activities.	F P N NA	
4.25	Children have daily opportunities for small-motor activities.	F P N NA	

If the first page of your *Consultant Recommendations* form looks like the one below, use the *Plan of Action Form* found on the following page of this document.

CCR&R Technical Assistance Consultant Recommendations

Page 1 of

Provider Name & Address:

Type of Provider: Center Family Observation Date: / / Consultation Date: / /

Name(s) of Providers Observed: Classroom:

Scale(s) Used: Consultant's Name:

Strengths:

Training Recommended:

If the first page of your *Consultant Recommendations* form looks like the one below, use the *Plan of Action Form* found **on the back side** of each one of your *Consultant Recommendations* Forms.

CCR&R Quality Improvement Consultant Recommendations – Family Providers

Provider Name & Address:

Observation Purpose: Pre-grant Post-grant Other:

Observing Consultant's Name & Agency:

Observation Date: Classroom Observed:

Names of Provider(s) Observed:

Feedback Consultant's Name & Agency (if different):

Feedback Visit Date: Total # of Recommendation Pages:

Caregiver Behavior Recommendations: # Environment / Schedule Recommendations:

Training Recommendations: # Health & Safety Correction Recommendations:

OVERALL PROGRAM STRENGTHS:

TRAINING RECOMMENDATIONS:

Plan of Action Form

Explain below your plan for improvement related to the observation item listed below from your Consultant Recommendations.

Tool: NAFCC   **Item #:** _____   **Current Mark:** _____   **Goal Mark:** _____

1.   CAREGIVER BEHAVIOR CHANGES. List any _non-purchase_ caregiver behavior changes you will make related to this item.

Explain any Caregiver Behavior Change(s) You Will Make Related to this Item	Explain How You Will Monitor / Assess the Success of Your Caregiver Behavior Change(s)	Date Change(s) Will Be Completed

2.   ENVIRONMENT / SCHEDULE CHANGES. List any _non-purchase_ environment / schedule changes you will make related to this item.

Explain any Change(s) You Will Make to the Environment or Daily Schedule Related to this Item	Explain How You Will Monitor / Assess the Success of Your Environment / Schedule Change(s)	Date Change(s) Will Be Completed

3.   PURCHASES. List any purchases you will make related to this item.

Item	Vendor / Store	Grant Funds	Provider Match	Total Cost

Family Provider Training Plan of Action

Provider Name & Address: _____

Ages of Children Cared For: _____   **Number of Paid Caregivers in your Program:** _____

Complete one of these forms for yourself, and one for the second or third caregiver in your program, if you have additional caregivers.

Course Name or Training Topic & Learning Goals	Type of Training	Total Hours of Training	Cost of Training (Registration fees)	Completion Date
Course/Training Name: **Your Learning Goals in Attending this Training:**	_____ **CCR&R** _____ **Other:**			
Course/Training Name: **Your Learning Goals in Attending this Training:**	_____ **CCR&R** _____ **Other:**			
Course/Training Name: **Your Learning Goals in Attending this Training:**	_____ **CCR&R** _____ **Other:**			
Course/Training Name: **Your Learning Goals in Attending this Training:**	_____ **CCR&R** _____ **Other:**			

Family Provider Quality Improvement Grant
Budget Form

Obs. Item #	Item to be Purchased (Including Training Costs)	Vendor / Store	Grant Funds Requested	Provider Matching Funds	Total Cost of Item
TOTAL COST OF ALL PROPOSED QUALITY IMPROVEMENTS:					

Attach additional Budget Forms if needed.

Quality Improvement Grant
Review Score Sheet

Applicant's Name: _____

Reviewer's Name: _____   **Review Date:** _____/_____/_____

Outside Funding:
  Percentage of applicant's current year's budget that comes from outside funding
  sources. (Sources other than parent fees and the Child and Adult Care Food Program.):   _____

Previous Grants:
  Number of OCC Quality Improvement Grants previously received by this applicant: _____

GRANT SCORING

A. COMPLETENESS, NEATNESS, AND OVERALL PRESENTATION OF APPLICATION (5 Points Possible)

  _____ All of the required pages, forms, and documentation are included in the application.

  _____ All of the grant forms are filled out completely, and none of the grant forms have been altered by the applicant.

  _____ All of the pages are in the correct order, as explained on pages 6-7 of the RFG.

  _____ The application is neat and legible.

  _____ The application is in a folder or binder with fasteners, so that there are no loose pages.

  _____ **Points (5)**

B. HEALTH & SAFETY RECOMMENDATION POINTS (15 Points Possible, N/A if no recommendations are made.)

  How adequately have the health and safety recommendations made by the Consultant been addressed?
  Give from 0 to 15 points.

  _____ **Points (15)**

C. TRAINING POINTS (20 Points Possible, N/A if no recommendations are made.)

1. Training Attendance Points (10 Points Possible) Complete **either** a. or b. below, but **not both.**

   a. **For Older Pre-Grant Observations** (completed **before** 9/20/05): Have all caregivers for whom training was recommended committed to completing the recommended hours of training, up to a maximum of 20 hours of training per caregiver? If yes, give the full 10 points. If partially, give from 0 to 9 points.

   a. _____ Points (10)

   b. **For Newer Pre-Grant Observations** (completed **after** 9/20/05):

   Total # of Training Recommendations Made: _____

   (*Each 10 hours of training recommended for an individual caregiver counts as one training recommendation. For example, if the Consultant recommended that one caregiver take two different 10 hour courses, that would count as two training recommendations.*)

   Total # of Trainings Proposed in Training Plan of Action Form: _____

   Percent of Training Recommendations Addressed: _____

   (*Total # of trainings proposed in Training Plan of Action divided by the total # of training recommendations made.*)

   Training Attendance Points Awarded:
   1% – 25% = 1 point
   26% – 50% = 4 points
   51% – 75% = 7 points
   76% – 100% = 10 points   b. _____ Points (10)

2. Training Appropriateness (10 points possible)

   How appropriate / applicable is any proposed training (other than specific training courses recommended by the Consultant) for the item(s) that training was recommended for? (Give 10 points if all proposed training is the same as the course(s) recommended by the Consultant.)   _____ Points (10)

   TOTAL TRAINING POINTS   _____ **Points (20)**

D. CAREGIVER BEHAVIOR CHANGES POINTS (20 Points Possible, N/A if no recommendations are made.)

1. Completeness of proposed Caregiver Behavior Changes (8 points) Complete **either** a. or b. below, but **not both.**

   a. **For Older Pre-Grant Observations** (completed **before** 9/20/05): Have a reasonable number of caregiver behavior change recommendations been addressed in the grant proposal? If yes, give the full 8 points. If partially, give from 0 to 7 points.

   <div align="right">a. _____ Points (8)</div>

   b. **For Newer Pre-Grant Observations** (completed **after** 9/20/05):

   # of Caregiver Behavior Changes Recommended: _____

   # of Caregiver Behavior Changes Proposed in Plan of Action Forms: _____

   Percent of Caregiver Behavior Recommendations addressed: _____

   (*Total # of behavior changes in Plan of Action divided by the total # of behavior change recommendations made.*)

   Number of Behavior Change Points Awarded:
   1% – 25% = 2 points
   26% – 50% = 4 points
   51% – 75% = 6 points
   76% – 100% = 8 points   b. _____ Points (8)

2. How well do proposed changes address the issue(s) in the Consultant's recommendations, and how reasonable / realistic are they?   _____ Points (8)

3. How effective is the proposed plan to monitor / assess the success of the proposed changes?   _____ Points (4)

<div align="center">**TOTAL CAREGIVER BEHAVIOR CHANGE POINTS**   _____ **Points (20)**</div>

E. ENVIRONMENT / SCHEDULE CHANGES POINTS (15 Points Possible, N/A if no recommendations are made.)

1. Completeness of proposed Environment / Schedule Changes (5 points) Complete **either** a. or b. below, but **not both.**

    a. **For Older Pre-Grant Observations** (completed **before** 9/20/05): Have a reasonable number of environment / daily schedule change recommendations been addressed in the grant proposal? If yes, give the full 5 points. If partially, give from 0 to 4 points.

    a. _____ Points (5)

    b. **For Newer Pre-Grant Observations** (completed **after** 9/20/05):

    # of Environment / Schedule Changes Recommended: _____

    # of Environment / Schedule Changes Proposed in Application: _____

    % of Environment / Schedule Recommendations addressed: _____
    (*Total # of environment / schedule changes in Plan of Action divided by
      the total # of environment / schedule change recommendations made.*)
    1% – 20% = 1 point
    21% – 40% = 2 points
    41% – 60% = 3 points
    61% – 80% = 4 points
    81% – 100% = 5 points   b. _____ Points (5)

2. How well do proposed changes address the issue(s) in the Consultant's recommendations, and how reasonable / realistic are they?   _____ Points (5)

3. How effective is the proposed plan to monitor / assess the success of the proposed changes?   _____ Points (5)

TOTAL ENVIRONMENT / SCHEDULE CHANGE POINTS   _____ **Points (15)**

F. GRANT PURCHASES POINTS (20 Points Possible)

1. How well do the proposed purchases address the Consultant's recommendations?   _____ Points (5)

2. How age-appropriate are the proposed purchases?   _____ Points (5)

3. Are the proposed purchases free of potential safety problems?   _____ Points (5)

4. Are the proposed items to be purchased of good quality (sturdy, durable, made for group child care use), but not extravagant?   _____ Points (5)

TOTAL PURCHASE POINTS   _____ **Points (20)**

G. GRANT BUDGET FORM POINTS (5 Points Possible)

How complete and accurate is the Grant Budget Form(s)?   _____ **Points (5)**

TOTAL POINTS AWARDED FOR THIS PROPOSAL: _____

TOTAL POINTS POSSIBLE FOR THIS PROPOSAL: _____

SCORE FOR THIS PROPOSAL: _____
(Total number of points awarded divided by the total number of points possible.)

APPENDIX A
Child Care Resource & Referral Agencies

BRIDGERLAND *Serving Box Elder, Cache, and Rich Counties* Utah State University 6510 Old Main Hill Logan, UT 84322-6510 (435) 797-1552 Fax (435) 797-8047 **1-800-670-1552**	**EASTERN** *Serving Carbon, Daggett, Duchesne, Emery, Grand, San Juan and Uintah Counties* College of Eastern Utah 451 East 400 North Price, UT 84501 (435) 613-5619 Fax (435) 613-5815 **1-888-637-4786**
NORTHERN *Serving Davis, Morgan and Weber Counties* Weber State University 1309 University Circle Ogden, UT 84408-1309 (801) 626-7837 Fax (801) 626-7668 **1-888-970-0101** **METRO** *Serving Salt Lake and Tooele Counties* Children's Service Society 124 So. 400 E., #400 SLC, UT 84111 (801) **355-7444** 1-800-839-7444 Fax 355-7453 **MOUNTAINLAND** *Serving Summit, Utah, and Wasatch Counties* Utah Valley State College 800 W. University Pkwy. – 163 Orem, UT 84058 (801) 863-8220 Fax (801) 863-7904 **1-800-952-8220**	**WESTERN** *Serving Beaver, Garfield, Iron, Juab, Kane, Millard, Piute, Sanpete, Sevier, Washington, and Wayne Counties* Five County Association of Governments, CCR&R 88 E. Fiddlers Canyon Road, Suite H Cedar City, Utah 84720 (435) 586-4887 Fax: (435) 865-6902 **1-800-543-7527**